



City of Palm Springs

Finance Department - Business License Tax Division

3200 E. Tahquitz Canyon Way Palm Springs, California 92262

Phone: (760) 323-8289 Fax: (760) 322-8344

Web: www.palmspringsca.gov Email: business.license@palmspringsca.gov

Please Select Below

- New Application
- Renewal
- Change of Address
- Reactivate License

Business License Tax Application

Please refer to the "Application Instructions and Fee Schedule" document for specific information required to complete this Application.

Business Name _____	Business Start Date _____
Business Address _____	Phone Number _____
City _____ State _____	Zip Code _____
Mailing Address _____	Alternate Phone # _____
City _____ State _____	Zip Code _____
Contact Name _____	Contact Email _____
Select Address for "Service of Process" (AB 2184 - This address will be available for public disclosure) <input type="checkbox"/> Business Address <input type="checkbox"/> Mailing Address	

Type of Ownership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Trust
Owner 1 Name	_____			Phone Number	_____
Address	_____				
City	_____	State	_____	Zip Code	_____
Owner 2 Name	_____			Phone Number	_____
Address	_____				
City	_____	State	_____	Zip Code	_____
Type of Business	<input type="checkbox"/> Administrative	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Property Management	<input type="checkbox"/> Service	<input type="checkbox"/> Retail/Wholesale
Federal Tax or Employer ID (TIN or EIN)	_____		Standard Industrial Classification (SIC) Code	_____	
Type/Description of Business	_____				
Location of Business	<input type="checkbox"/> In-City	<input type="checkbox"/> Out-of-City	<input type="checkbox"/> In-City Home Occupation	<input type="checkbox"/> Workspace within an Existing In-City Business	

Please Complete All Applicable Fields based on Type of Business	Business License Fee Calculation
State Business Entity Number _____	Administrative Fee \$ _____
Seller's Permit Number _____	State Disability Access Fee (AB 1379) \$ _____
Driver's License Number/Class _____	Business License Fee \$ _____
Contractor's License Number/Class _____	Building Inspection Fee \$ _____
Number of In-City Personnel _____	Fire and Safety Inspection Fee \$ _____
Number of Rental Units _____	Home Occupation Fee \$ _____
Number of Vending Machines _____	Other \$ _____
Number of Fuel Pumps _____	Penalty \$ _____
NPDES WDID Number (SB 205) _____	Total Amount Due \$ _____
NONA or NEC Number (SB 205) _____	

Signature X _____

Date _____

Please make check payable to: City of Palm Springs. If mailing your application and payment, please use the following address:
City of Palm Springs, Business License Tax, PO Box 2743, Palm Springs, CA 92263-2743

Planning Approval _____	Department Use Only
Building Approval _____	
Fire Approval _____	
Police Approval _____	
SIC Code Validation Code on NPDES List? <input type="checkbox"/> Yes <input type="checkbox"/> No	